Form 990 983	ا ار
Department of the Treasury	l

Internal Revenue Service

Return of Organization Exempt From Income Tax

Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No 1545-0047

	A F	or the	2017 calendar year, or tax year beginning and end	ding		
	B CI	neck if oplicable	C Name of organization COMMUNITY HOUSING IMPROVEMENT		D Employer identifica	tion number
		Address	DECORAN THE			
		Name change	Doing business as		13-26	17766
]Initia} return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	
		Final return/	5 HANOVER SQUARE 16	505	(212)	838-7442
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code	Î	G Gross receipts \$	2,147,561.
		Amende		İ	H(a) Is this a group retu	
	\vdash	Applica			for subordinates?	Yes X No
	•	pending	5 HANOVER SQUARE, SUITE 1605, NEW YORK, N	NY 1	H(b) Are all subordinates inclu	= =
		27-070	mpt status	527	• •	st (see instructions)
			E: ► CHIPNYC.ORG	-₩/**/	H(c) Group exemption	•
			organization: X Corporation Trust Association Other	I Vear o		State of legal domicile NY
			Summary	1 = 10010	7 TOTTING TO 1 TO	Otate of rogal dollmone
	Ť		Briefly describe the organization's mission or most significant activities THE OR	GANT	ZATION REPRES	SENTS
	9	' 1	BUILDING OWNERS IN NEW YORK CITY IN MATTERS	COLLIC	HOUSTNG POLT	CY
	Governance	-	. 🗖			
	ē		• •	or more i	1 1	25
	اق		Number of voting members of the governing body (Part VI, line 1a)	-1	3	24
	≪ಶ		Number of independent voting members of the governing body (Part VI, line 1b)	· Œ	4	8
	Activities		fotal number of individuals employed in calendar year 2017 (Part V, line 2a)	, O	5	0
	<u>`</u>		Total number of volunteers (estimate if necessary)		- 6	0.
	Ş		Total unrelated business revenue from Part VIII, column (C), line 12		7a	
	\dashv	<u>1 d</u>	Net unrelated business taxable income from Form 990-T, line 34		[7Ь]	0.
			•	<u> </u>	Prior Year	Current Year
	힐		Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.
	ea I	9 F	Program service revenue (Part VIII, line 2g)		367,706.	430,587.
	Revenue	10 l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,646.	5,053.
		11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	1,198,008.	1,228,910.
	\perp	12]	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,569,360.	1,664,550.
		13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		14 8	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		725,449.	800,832.
	O I	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>
	Expen	b٦	Total fundraising expenses (Part IX, column (D), line 25)	<u>. L </u>		1
2018	<u>ش</u>	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		690,179.	620,888.
20			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,415,628.	1,421,720.
က	_	19 F	Revenue less expenses Subtract line 18 from line 12		153,732.	242,830.
	- 5			Beg	inning of Current Year	End of Year
ပ	ages Bgg	20 1	Total assets (Part X, line 16)		1,329,322.	1,572,152.
띰	et Assets and Baland	21 1	Total liabilities (Part X, line 26)		0.	0.
_ `	到	22 1	Net assets or fund balances Subtract line 21 from line 20		1,329,322.	1,572,152.
ゴー	Pa	rt II	Signature Block			
Z	Unde	r penal	ties of perjury, I declare that I have examined this return, including accompanying schedules an	d statemer	nts, and to the best of my k	nowledge and belief, it is
Z			, and complete. Declaration of preparer (other than officer) is based on all information of which			
SCANNED	,	1				
S	Sign		Signature of officer/		Date	
	Here		ZACHARY KERR, PRESIDENT		11-8-19	ઇ
`	11010		Type or print name and the	····		
			Print/Type preparer's same Presarer Signature / /	D	ate Check	7 PTIN
\	Paid		MICHAEL MEEHAN Miskey Mich		det (8 self-employed	P00742399
	Prep:		1101111 71001 1 1101111 777			13-0436940
	-	-			THIII S EIN	<u> </u>
	Use (only	Firm's address 1375 BROADWAY NEW YORK, NY 10018-7001		Dhana na 212	-840-3456
		45 - 15			Triione no. 2 1 2	
_			S discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2017)
2	73200	1 11-28- נים	-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. RR SCHRDULE O FOR ORGANIZATION MISSION STAT		ጥ ሮርእነመፕአጠ፣አመ፣	, ,
~		SI	CK SCHROUGE O FOR ORGANIZATION MISSION STAT	C PS M PS N	T CONTINUATI	CAN

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2017) PROGRAM, INC	•	_	13-261	<u>7766 </u>	Page 2
Pai	t III Statement of Program Service Accomp	lishments				
	Check if Schedule O contains a response or note to	any line in this Part III				
_	Briefly describe the organization's mission	arry mio in ano i are in				
1		HILDING OWNEDS	TH NEW YORK	CTMV TN	,	
	THE ORGANIZATION REPRESENTS B					
	MATTERS OF HOUSING POLICY INV			AS LEAD	PATMI	· ,
	PROPERTY TAXES, WATER RATES A	ND RENT REGULA	rion.			
2	Did the organization undertake any significant program se	nuces during the year which	were not listed on the			
2		who co do mig the year which	Were not noted on the		□ voc	X No
	prior Form 990 or 990-EZ?				1es	<u> 25</u> NO
	If "Yes," describe these new services on Schedule O					
3	Did the organization cease conducting, or make significan	t changes in how it conduct:	s, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O					
4	Describe the organization's program service accomplishm	ents for each of its three larg	jest program services, as	measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required					d
		o report the amount of gran	to and anodations to our	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P 0000, a	_
	revenue, if any, for each program service reported				•	
4a	(Code) (Expenses \$	including grants of \$		enue \$,
	REPRESENTATION OF APARTMENT-B	OILDING OWNERS	IN NEW YORK			
	CITY.					
			-			
		· · - · · ·				
	<u></u>	·				
					,	
		• • • • • • •				
4b	(Code) (Expenses \$	including grants of \$) (Reve	nue \$)
						
		-				
		· · · · · · · · · · · · · · · · · · ·				
						
				-		
	<u> </u>	-				
			- · · · · · · · · · · · · · · · · · · ·			
4-	/- \		\ /p	enue \$		
4c	(Code) (Expenses \$	including grants of \$) (Heve	mue #		
		·				
	· · · · · · · · · · · · · · · · · · ·		*	· · · · · · · · · · · · · · · · · · ·		
						
		····	. <u>.</u>			
			·			
						
		· · · · · · · · · · · · · · · · · · ·				
					··	
4d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses					
				,	Form 9	90 (2017)
						,/

Form 990 (2017) PROGRAM, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		}	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		İ	l
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		}	٠.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable		- - -	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		₩
	Part VI	11a	-	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			 ₩
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	-	Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part VIII	11c	_	^
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		^
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	 ' ''		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes." complete Schedule F. Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e ⁹ // "Yes." complete Schedule G. Part I	17	L_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		T	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
		Form	990	(2017)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ļ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_V
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	۱.,	х	
	Part V, line 1	34	<u> </u>	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		₩
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20	1	
	If "Yes," complete Schedule R, Part V, line 2	36	 	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	_ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	1
	Note. All Form 990 filers are required to complete Schedule O	38		(2017)
		FOIT		(2017)

t.	COMMUNITY HOUSING IMPROVEMENT			
Form	990 (2017) PROGRAM, INC 13-2617	766	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		2 21	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		· . है (
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	(1/4 pm)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	120 8.	2 - 1,21 uGM
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		اري. المارية المارية	452
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	F 4 -0	X
b	If "Yes," enter the name of the foreign country			백(1월 41일점
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	100		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	1 4 7 1 2 4
7	Organizations that may receive deductible contributions under section 170(c).		gyra Luia	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ldash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	(. Ē	
d	If "Yes," indicate the number of Forms 8282 filed during the year		ا المارية المارية	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		┞—
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ь—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Charles College	6846489 38
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	ilia		T:4
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	41.5	11 11 3
10	Section 501(c)(7) organizations. Enter		ي الأستون الأستون	
а	Initiation fees and capital contributions included on Part VIII, line 12		3.7	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	FT.	1.5	
11	Section 501(c)(12) organizations. Enter	34. "" " " 1. 1. 1		
а	Gross income from members or shareholders		44	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			4778
	amounts due or received from them)	13H		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1960 . 192-1	a 2 12 12 m.a. t
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	3.42	WY.	ung
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	F15 *	107 TO
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	The state of		
	organization is licensed to issue qualified health plans			問為月
c	Enter the amount of reserves on hand		is the	1997
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	990	(2017)

PROGRAM, INC

13-2617766 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
-	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 25			
	If there are material differences in voting rights among members of the governing body, or if the governing		ua jijir Oli	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24		1	44 ~ (w)
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		(-
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X
6	Did the organization have members or stockholders?	_6_	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			,,
	persons other than the governing body?	7b	Ŀij.	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	MI.		Tiri)
а	The governing body?	8a		X
Ь	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			_v
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	l Na
	Dutthe a consistent have level about the about home by a filledge?	10a	162	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	х
	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		製能	15 J.J.
b 12a		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	勝盟	NE	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			11.77 ;
	taxable entity during the year?	16a	-,-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			15 S
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			414, 7
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallable	•	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)	6.= ·	اما	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanc	iai	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records TAXPAYER - 212-838-7442		_	
	5 HANOVER SQUARE, SUITE 1605, NEW YORK, NY 10004			
70000		Form	990	(2017)
/ 3200	5 11 <u>-</u> 28-17	. 5.11		,,

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (Ď), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organi (A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average	(do		Posi heck i		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	son (s both	an	compensation	compensation	amount of
	week (list any	_						from the	from related organizations	other compensation
	hours for	individual trustee or director				P		organization	(W-2/1099-MISC)	from the
	related	ee 0.	stee			nsate		(W-2/1099-MISC)	(, =,,	organization
	organizations	trust	Institutional trustee		Key employee	Highest compensated employee				and related
	below	vidua	Ituko	Officer	dwa	hest c	Former	Ì		organizations
	line)	를	Sul	140	Ke	표를	غ			
(1) ANDREW HOFFMAN	2.50									
VICE CHAIRMAN	0.50	X	L	X				0.	0.	0.
(2) JOHN ILIBASSI	2.50									
BOARD OF DIRECTOR	0.50	X	\vdash	_		_		0.	0.	0.
(3) SCOTT DONNER	2.50			.,					0	0
VICE PRESIDENT	0.00	Х		X		-		0.	0.	0.
(4) MICHAEL KERR	2.50 0.50	Į.						0.	0.	0.
BOARD OF DIRECTOR	2.50	X	-					0.	0.	٠,
(5) BARRY RUDOFSKY	0.50	x	ļ	х				0.	0.	0.
VICE CHAIRMAN (6) KENNETH FISHEL	2.50	₽		₽				0.		
BOARD OF DIRECTOR	0.50	x		1				0.	0.	0.
(7) AARON SIRULNICK	2.50	<u> </u>	\vdash	┢	-	-		•		
VICE CHAIRMAN	0.50	x						0.	0.	0.
(8) NATHAN FISHMAN	2.50					-			<u> </u>	
BOARD OF DIRECTOR	0.50	\mathbf{x}						0.	0.	ο.
(9) ZACHARY KERR	2.50						-			
TREASURER	0.50	x		х	١,			0.	0.	0.
(10) DAVID PARKS	2.50									
BOARD OF DIRECTOR	0.50	x						0.	0.	0.
(11) RUBIN PIKUS	2.50									
BOARD OF DIRECTOR	0.00	X						0.	0.	0.
(12) ALISTAIR ECONOMAKIS	2.50									
BOARD OF DIRECTORS	0.00	X						0.	0.	0.
(13) JAMES WACHT	2.50									
SECRETARY	0.50	X	L	X				0.	0.	0.
(14) PAUL BRENSILBER	2.50]								
VICE CHAIRMAN	0.00	X		X	lacksquare	L		0.	0.	0.
(15) DAVID DIAMOND	2.50							_	_	_
VICE PRESIDENT	0.50	X	L	X	lacksquare	<u>L</u>		0.	0.	0.
(16) BARRY FISHMAN	2.50	1						_	_	_
VICE PRESIDENT	0.50	X		X	_	┞		0.	0.	0.
(17) CHARLES HIRSCH	2.50					1			_	
BOARD OF DIRECTOR	0.00	X				<u> </u>		0.	0.	Form 990 (2017

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Form 990 (2017)

PROGRAM,	INC
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	1 Hi	ghes	t C	ompensated Employee	s (continued)	
· (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos		1 than (one	Reportable	Reportable	Estimated
	hours per week		box, unless person is b officer and a director/tr					compensation	compensation	amount of
	(list any	\vdash	1	T	<u> </u>	T	T	from	from related	other
	hours for	director				L	ļ .	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 8	eee			sated		(W-2/1099-MISC)	(**-2/1033-141130)	organization
	organizations	Individual trustee or	Institutional trustee		89/	m pen		(17 27 1000 171100)		and related
	below	qua	ngion	<u>_</u>	튙	st co	₌			organizations
	line)		Instit	Officer	Key e	Highest compensated employee	Former			
(18) NICHOLAS PETRAS	2.50									
CHAIRMAN	0.50	Х		Х				0.	0.	0.
(19) JORDAN PLATT	2.50									
VICE PRESIDENT	0.50	X		X				0.	0.	0.
(20) MATT ENGEL	2.50									
PRESIDENT .	0.50	X		Х				0.	0.	0.
(21) JEFF KATZ	2.50					ļ				
BOARD OF DIRECTOR	0.50	X						0.	0.	0.
(22) BRUCE KAFENBAUM	2.50									
BOARD OF DIRECTORS	0.50	X						0.	0.	0.
(23) MATTHEW SCHMELZER	2.50									
BOARD OF DIRECTOR	0.50	Х						0.	0.	0.
(24) JEFF MANOCHERIAN	2.50									
BOARD OF DIRECTOR	0.00	Х	Ĺ					0.	0.	0.
(25) JEFF FARKAS	2.50	Ι.								
TREASURER	0.50	X		Х				0.	0.	0.
(26) PATRICK SICONOLFI	45.00									
EXECUTIVE DIRECTOR	0.00]		Х	l			243,346.	0.	0.
1b Sub-total							▶	243,346.	0.	0.
c Total from continuation sheets to Part VI	l, Section A						•	344,470.	0.	0.
d Total (add lines 1b and 1c)							_	587,816.	0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										4
										Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on	
line 1a? If "Yes," complete Schedule J for si	uch individual									3 X
4 For any individual listed on line 1a, is the su		е сс	mpe	ensa	tion	and	oth	ner compensation from t	ne organization	据[[15] [15]
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J 1	for such individual		4 X
5 Did any person listed on line 1a receive or a	ccrue compen	satı	on f	rom	any	unre	elate	ed organization or individ	lual for services	
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch i	oers	on				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	ition from
the organization Report compensation for	the calendar ye	ar e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear	
(A)								(B)		(C)
Name and business	address	N	INC	3				Description of s	ervices (Compensation
ı										
								<u> </u>		
2 Total number of independent contractors (ii	ncluding but no	ot lir	nite	d to	thos	se lis	ted	above) who received mo	ore than	TEN THE
\$100,000 of compensation from the organiz	-				(_				鄉建鄉婚先
	A CONT	IN	UA	ΤI	ON	S	HE	ETS		Form 990 (2017)

(A) Name and title	(B) Average			(C Posi				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director		all t			Уогтег	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organization
7) JOSEPH CONDON	40.00	П	_					400 044		
ENERAL COUNSEL	0.00	Ш				X		133,346.	0.	
28) DAN MARGULIES	18.00	1 1				x		106 616	0.	
ECUTIVE DIRECTOR OF ABO 9) ANDREW PAP	22.00 38.00	$\vdash \vdash$	_	\dashv		•		106,616.	0.	
OJECT MANAGER	2.00					х		104,508.	0.	
ODET THINDS	2.00	\vdash		\dashv	H			104,500.	•	-
		П								
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		Ш								
		1								
		$\sqcup \downarrow$							<u> </u>	

Form 990 (2017) PROGRAM
Part VIII Statement of Revenue

PROGRAM, INC

13-2617766

		Check if Schedule O conta			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>s</u>			1a					
mounts	b	Membership dues	1b					
ğ	C	Fundraising events	1c					
ä	d	Related organizations	1d					
3	е	Government grants (contribution	ons) 1e					
7	f	All other contributions, gifts, grant	s, and					
9		similar amounts not included abov	re 1f					
and Other Similar	g	Noncash contributions included in lines 1	a-1f \$					
a _	<u>h</u>	Total. Add lines 1a-1f		<u> </u>	S. T. J. C. S. C. CONTROL OF THE BLACK SHARES			
				Business Code	***************************************			
:	2 a	MEMBERSHIP DUES		531390	371,319.	371,319.		
a	b	ADVERTISING REVENUE		541800	59,268.	59,268.		
3	С							
ě	d		<u>.</u>					
Hevenue	e							
	f	All other program service rever	nue			No. 44 at 2 at 2 3 miles of 611	FE SECTION - FEEG SECTION A.	au al contramentos F. A.F. of the ASI 14
┸	9	Total. Add lines 2a-2f			430,587.		h Mady Nat	PARTIE AND A
;	3	Investment income (including of	dıvıdends, ıntere	est, and				
		other similar amounts)		>	5,053.	. =		5,053
4	4	Income from investment of tax	exempt bond p	oroceeds >				
	5	Royalties			D 1.91 - L 1275 " - "G Y 260 W C	and a first the standard and a section and	of " worth to beautiful to add ".	-
			(i) Real	(ii) Personal				
(6 a	Gross rents						
	b	Less rental expenses		ļ				
	С	Rental income or (loss)		<u>l</u>				
	d	Net rental income or (loss)						
:	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
. .	8 a	Gross income from fundraising	events (not		THE STATE OF THE	WE FEWERS		
		including \$	of					
		contributions reported on line	1c) See					
		Part IV, line 18	a	1,340,558.				
	b	Less direct expenses	ь	483,011.				
1		Net income or (loss) from fund	raising events		857,547.			857,547
1		Gross income from gaming ac			NAME OF THE PARTY.	1459461		MEESEM
		Part IV, line 19	· a	i				
	b	Less direct expenses	b					
		Net income or (loss) from game	ing activities	•				
1		Gross sales of inventory, less r			KARATE BE			SHIP WATE
"	-	and allowances	а					
	ь	Less cost of goods sold	- b					
		Net income or (loss) from sales			TO THE PERSON OF THE PERSON SERVING	#101()11 #	Takes, 284 SHR 52C Tabliffueld To	Joseph F. Build, 6,535. South W.
\vdash		Miscellaneous Revenue	-	Business Code			Figure	
1	1 a			531390	358,863.	358,863.	THE PROPERTY OF THE PROPERTY O	so Carrie William Bode Sacra 1979
'	ı a b	CONSULTING FEES	 	531390	12,500.	12,500.	1	
	0				==,===	-2,230.		
	C _	All ather recommen		-		 	<u> </u>	
	d				371,363.			PROFESSION (
		Total. Add lines 11a-11d			1,664,550.	801,950.	0.	862,600
	2	Total revenue. See instructions.			1 2,004,000.	L 301,730.		1 302,000

Form 990 (2017) PROGRAM, INC
Part X Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	±		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	T. CTODESCRIPTION
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	. =	<u> </u>	Carried and the second of the second	
4 5	Benefits paid to or for members Compensation of current officers, directors,	 _		0,49786 4340 PF (464,476,4) -4779 F	A AND STATES AND AND AND AND AND AND AND AND AND AND
3	trustees, and key employees	243,346.			
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	478,133.			
8	Pension plan accruals and contributions (include		•	-	
	section 401(k) and 403(b) employer contributions)	17,900.			
9	Other employee benefits	4,032.			
10	Payroll taxes	57,421.			
11	Fees for services (non-employees)		-		
а	Management				
b	Legal	170,782.			
С	Accounting	59,296.			
d	Lobbying			- martinorii (1822 - 1844) (1871) (1844) (1844) (1844) (1844)	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	1,101.			
40	Advertising and promotion	9,461.			
12 13	Office expenses	12,853.			
14	Information technology	7,360.			
15	Royalties	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
16	Occupancy	70,535.			
17	Travel	684.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,742.			
20	Interest				
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization	-10 030			
23	Insurance	10,230.	Rand Committee C	o an marchet salested son continue	a parasana rentud
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) MEMBERS NEWSLETTER	81,354.	-1-C-ASSACTIMIZACE INTER GATAL	Filedia in 1994 december 2.03 - 20 P.S.	2 (2000) 14 (200
a	PUBLIC RELATIONS	60,000.			
D	DUES AND SUBSCRIPTIONS	48,415.			
d	STATE & LOCAL LEGISLATI	36,250.	_		
_	All other expenses	19,825.			··
25	Total functional expenses Add lines 1 through 24e	1,421,720.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ff following SOP 98-2 (ASC 958-720)				<u> </u>

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	297,858.	1	519,313.
	2	Savings and temporary cash investments	1,031,464.	2	1,052,839
	3	Pledges and grants receivable, net		3	_
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		T.1.	PARTHUR THE
	•	trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L	A. M	5	Mildella Mila Mila State Annah S. Ali I San Iberta dana
	6	Loans and other receivables from other disqualified persons (as defined under		EMY.	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L	alia finishi ili ili Malia ili Madieli anii Anii alia finishi alia fin	6	disconsisting and the control of the
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other		13(1) 1860	THE WARD OF SHIP
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b	The state of the s	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,329,322.	16	1,572,152
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s.	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons			
Liabilities	ĺ	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	1		
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here and			
S		complete lines 27 through 29, and lines 33 and 34.		i terit	
Į,	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
Ja E	29	Permanently restricted net assets		29	7784555566 \$ 725 C/#57 16/88/a#38
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			1 572 152
ets	30	Capital stock or trust principal, or current funds	1,329,322.	30	1,572,152
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
let /	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	1 572 152
~	33	Total net assets or fund balances	1,329,322.	33	1,572,152. 1,572,152.
	34	Total liabilities and net assets/fund balances	1,329,322.	34	1,572,152

Form 990 (2017)

Form	990 (2017) PROGRAM, INC	13-2	617766	Page 12
_? Pai	rt XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI			
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,664	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,720.
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,830.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,329	,322.
5	Net unrealized gains (losses) on investments	_5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,572	,152.
Pai	rtXIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	·	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	الله الله الله الله الله الله الله الله	
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		TO COL
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?	-	3a	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or guides, explain why in Schedule O and describe any stans taken to undergo such audits		36	ı

732012 11-28-17

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Form **990** (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

, ,	EDALATE INSUBCTIONS), DIEN	Anna Carratan Bart III			
Name of org	501(c)(4), (5), or (6) organization	TY HOUSING IMPRO	VEMENT		Employer identification number
rvarrio or org	PROGRAM		A TITITA I		13-2617766
Part I-A	Complete if the ord	anization is exempt und	er section 501(c)	or is a section 52	
		•			
1 Provid	e a description of the organiz	ation's direct and indirect politic	cal campaign activities i	n Part IV	,
	al campaign activity expendit				> \$
	eer hours for political campai				
-		•			
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
1 Enter t	he amount of any excise tax	incurred by the organization und	der section 4955		> \$
2 Enter t	he amount of any excise tax	incurred by organization manag	ers under section 4955		> \$
3 If the c	organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	correction made?				Yes No
	," describe in Part IV				×/- \/o\
Part I-C	Complete if the org	janization is exempt und	er section 501(c),	except section 5	
1 Enter t	the amount directly expended	d by the filing organization for se	ection 527 exempt funct	ion activities	▶ \$
2 Enter t	he amount of the filing organ	ization's funds contributed to of	ther organizations for se	ection 527	_
•	t function activities				▶ \$
		Add lines 1 and 2 Enter here a	and on Form 1120-POL,		
line 17		_			Yes No
	filing organization file Form				
		nployer identification number (El			
		tion listed, enter the amount pai omptly and directly delivered to			
		additional space is needed, prov			sarato bogrogatoa farra or a
		T	(c) EIN	(d) Amount paid fr	om (e) Amount of political
	(a) Name	(b) Address	(6) 2114	filing organization	
				funds If none, ente	r -0- promptly and directly
					delivered to a separate political organization
					If none, enter -0-
				-	
	•				
				<u>.</u>	
		l		1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017			E04/5//0\ 5 = 4 4:15		617766 Page 2
Part II-A Complete if the org section 501(h)).	anization is exe	mpt under section	1 501(c)(3) and tile	ea Form 5/68 (eie	ction under
	tion holongs to an aff	filiated group (and list in	Part IV each affiliated	aroup member's name	address FIN
	re of excess lobbying		rait iv each anniated	group member s name	e, address, Liiv,
	• -		wasana analu		
	ts on Lobbying Expe	ind "limited control" pro enditures	ivisions apply	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amo	unts paid or incurred.)		totals	totals
1a Total lobbying expenditures to influ	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ		-			
c Total lobbying expenditures (add li	-	, , , , , , ,			_
d Other exempt purpose expenditure					
e Total exempt purpose expenditure		d)			
f Lobbying nontaxable amount Ente			n columns		
If the amount on line 1e, column (a) o		bbying nontaxable am		建设在外籍建设经验	
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000 \$100.0	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	T	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000				
			·	《文章》、张生政和 家在3	
g Grassroots nontaxable amount (en	iter 25% of line 1f)				
h Subtract line 1g from line 1a If zer					
Subtract line 1f from line 1c If zero					
j If there is an amount other than ze	ro on either line 1h or	line 1, did the organiza	ation file Form 4720		
reporting section 4911 tax for this				<u> </u>	Yes No
		eraging Period Under			
(Some organizations to				of the five columns be	low.
	· .	rate instructions for lir			
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	(c) Polyton o matter and the state of matter or matter and the state of the state o	The state of the second	National residence of a residence of the property of the contract of the contr	a light that the publicate depart of matter, or constitution	
b Lobbying ceiling amount					
(150% of line 2a, column(e))		THE BOWLING KILL	建筑设置 (1) 15 为 3 基础		
c Total lobbying expenditures					
		}			
d Grassroots nontaxable amount		** 10 - 1909 (1023 *** 1000 ** 1000		W. L. S. C. W. C. C. SHAWER P. P. C. C. A.	
e Grassroots ceiling amount					
(150% of line 2d, column (e))	[4][4][4][4][4][4][4][4][4][4][4][4][4][NAPOLEMENT PROMINERS	- 「大学の大学の大学の大学の大学の大学の大学の大学を - 大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大	
			_		
f Grassroots lobbying expenditures	<u>'</u>	_l	<u>t</u>	L	<u> </u>

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 PROGRAM, INC

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(t	p)
	e lobbying activity	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	The state of the s			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			12404/49/1	videzii)
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				_
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?	"Tith T. 15th W grad a	O.C. ve e Williams I dealer 1		
J	Total Add lines 1c through 1i			o asos activos agrecia.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Edelmani Charles	CUSHIPP ASSESS	GE KREET	
	If "Yes," enter the amount of any tax incurred under section 4912			 -	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	464641414	Mr. Anthony		5.6 81.68 0 881 (5.72
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501/o//	<u> </u>		
<u>r</u> aj	telli-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 30 I(C)(o), or sec	,tion	
	33.(4)(4)			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	7 3		X
,5+, ;	**Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, line	
1	Dues, assessments and similar amounts from members		1	371	319.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).			1	400
а	Current year		<u> 2a</u>	36	488.
b	Carryover from last year		2b	2.6	400
C			2c	36	,488.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		latif	1	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical	11.17.12		
	expenditure next year?		4	26	400
	Taxable amount of lobbying and political expenditures (see instructions)		5		488.
Prov	TIVE Supplemental Information ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group actions), and Part II-B, line 1. Also, complete this part for any additional information	list), Part II-	A, lines 1 a	nd 2 (see	

SCHEDULE G

(Form-990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

Open to Public

Name of the organization

COMMUNITY HOUSING IMPROVEMENT

Employer identification number

PROGRAM	, INC					13-2617	766
Part Fundraising Activities. required to complete this part	Complete if the organizatio	n answer	ed "Y	es" or	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
1 Indicate whether the organization rais a	e f g more or oral agreement with any in art VII) or entity in connection duduals or entities (fundraiser	Solicitation Solicitation Special for adividual (in with pro-	on of on of undra includ	non-govern govern using of onal fu	overnment grants nment grants events ficers, directors, trus indraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		(iii) fundre have cu or cont contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			

					-		
					. = -		
Total				•			
3 List all states in which the organization or licensing	n is registered or licensed to	solicit co	ontribi	utions	or has been notified	it is exempt from re	gistration
	-						
	<u></u>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

		le G (Form 990 or 990-EZ) 2017 PROGRAM	, INC			2617766 Page 2
: Pa	rt l		_			
		of fundraising event contributions and gre				s greater than \$5,000
	•		(a) Event #1	(b) Event #2 P.C.	(c) Other events	(d) Total events
			GOLF OUTING	ACTIVITY	3	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
ne			(0 10.11.1) (0 10.11.1)	(676.11.1)	(total)	
Revenue	1	Gross receipts	284,686.	889,711.	166,161.	1,340,558.
ш	2	Less Contributions				
	_		204 606	000 711	166 161	1 240 550
_	3	Gross income (line 1 minus line 2)	284,686.	889,711.	166,161.	1,340,558.
	4	Cash prizes			•	
es	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				-
_	8	Entertainment				
	9	Other direct expenses	165,768.	134,455.	182,788.	483,011.
	10				•	483,011.
Pa		Net income summary Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)	2000 Port IV June 10 or i	reported more than	857,547.
1,6	,-	\$15,000 on Form 990-EZ, line 6a	answered res on rom	1 990, Fart IV, line 19, 01 1	eported more than	
		\$10,000 011 0111 000 E., III.0 02	1.5	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%		Yes %	
	6	Volunteer labor	No No	No	No	一般的情報的問題 2344.3年35. 門、門、中、子門品表示記載
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	-	atatas?		Yes No
_		the organization licensed to conduct gaming at No," explain		states		Yes No
		Tto, explain		·		
		ere any of the organization's gaming licenses re			rear?	Yes No
b	If "	Yes," explain				
	_				· · ·	
	_					
7220	22 00	9-13-17			Schedule G (For	m 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 PROGRAM, INC	13-2617766 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a <u>%</u>
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	· · · · · · · · · · · · · · · · · · ·
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year 🕨 \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part III, lines 9, 9b, 10b, 15b,
150, 10, and 175, as applicable Also provide any additional information. See instructions	
· · · · · · · · · · · · · · · · · · ·	

COMMUNITY HOUSING IMPROVEMENT 13-2617766 Page 4 Schedule G (Form 990 or 990-EZ) PROGRAM, II Part IV Supplemental Information (continued) PROGRAM, INC

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization

COMMUNITY HOUSING IMPROVEMENT PROGRAM, INC

Employer identification number 13-2617766

Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Regulations section 53 4958-6(c)?

13-2617766

PROGRAM,

Schedule J (Form 990) 2017

Part II.: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(to amply and (a)	W 2 ma/or 1000 MISC	acita acita acita	bac transmostra	Oly Montachlo	admillion of leto T (1)	(E) Companies
		(D) DIEGROOMII OI A	יייב מוזטיטו וטששיויווי	oc compensation	other deferred		(E) TOTAL OF COLUMNS	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2)-(1)(2)	reported as deferred on prior Form 990
(1) PATRICK SICONOLFI	(i)	243,346.	0	0	8,276.	0	251,622.	0.
EXECUTIVE DIRECTOR	[]		0.	0.	0.	0.		0.
	(:)							
	lii)							
	(i)							
	(iii)							
	(1)							
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	(ii)							
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Schedule J (Form 990) 2017

COMMUNITY HOUSING IMPROVEMENT PROGRAM, INC

Schedule J (Form 990) 2017 Schedule J (Form 990) 2017 PROGRAM, INC 13-2617766 [Pair III] Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection 🐫

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person 1 (b) Relationship between disqualified person and organization 1 (c) Description of transaction 1 (d) Corrected? Yes No Yes No 1 (d) Corrected? Yes No Yes No 1 (d) Corrected? Yes No Yes No Yes No Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, organization with organization of loan in the form the organization of loan in the form the organization with organization of loan in the form the organization of loan in the load of loan in	F	OMMUNITY ROGRAM,	INC						13	-26	177		on nui	mber
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No	4 . 4 (14. 1-		•		•	* * * * * * * * * * * * * * * * * * * *		• •	• •		L			
(a) Name of disqualified person Person and organization Person and organization Person and organization Person and organization	1	(b) F				ified					<u>D.</u>	(d)	Corre	cted?
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person interested person (b) Relationship with organization interested person interested person and	(a) Name of disqualified p	person				(c	c) De	scription of tran	sactio	n				
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person interested person (b) Relationship with organization of loan or organization of loan organization interested person and interested person and interested person and interested person and interested person and interested person and the organization (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance and the organization (d) Type of assistance and the organization answered "Yes" on Form 990, Part IV, line 27												_	_	
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person interested person (b) Relationship with organization of loan or organization of loan organization interested person and interested person and interested person and interested person and interested person and interested person and the organization (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance and the organization (d) Type of assistance and the organization answered "Yes" on Form 990, Part IV, line 27			_									+	\dashv	
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3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (default v) (e) Onginal principal amount (f) Balance due (g) in (h) Approved (i) Written (default v) (b) No Yes		ncurred by the o	rganization man	agers	or disq	ualified persons duri	ıng tl	he year under						
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship with organization of loan (c) Purpose of loan (d) Loan (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written (e) Original principal amount (f) Balance due (g) In default? (ii) Written (e) Original principal amount (f) Balance due (g) In default? (iii) Approved (iii) Written (e) Original principal amount (f) Balance due (g) In default? (iii) Approved (iii) Written (e) Original principal amount (f) Balance due (g) In default? (iii) Approved (iii) Written (e) Original principal amount (f) Balance due (g) In default? (iii) Approved (iii) Written (e) Original principal amount (f) Balance due (g) In default? (iii) Approved (iii) Written (e) Original principal amount (e) Original principal amount (iii) Approved (iii) Written (iii) Approved (iii) Approved (iii) Written (iii) Approved (iii) Written (iii) Approved (iii) Written (iii) Approved (iii) Approved (iii) Written (iii) Approved (iii) Ap		of any and line 2	ahaya ramahyira	ad by	the ere	ranization				▶ \$				
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(a) Name of interested person (b) Relationship with organization with organization of loan or form the organization? To From (e) Onginal principal amount (f) Balance due principal amount (f) Balance due by board or committee? Yes No Yes N	•	=				Part V, line 38a or F	orm	990, Part IV, lin	e 26, d	or if th	e orgar	nızatıc	n	
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interested person and the organization assistance assistance assistance							1							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2017	I HA For Panerwork Reduct	tion Act Notice	see the Instruc	tions	for For	m 990 or 990-F7		Sch	edule	L (Fo	rm 990	or 99	0-F <i>7</i>	2017

732131 10-18-17

Schedule L (Form 990 or 990-EZ) 2017 PROGRA	M, INC		13-2617	766 P	age 2
Part IV Business Transactions Involvi	ng Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28	Ba, 28b, or 28c			
(a) Name of interested person	(b) Relationship between interes person and the organization	ted (c) Amount of transaction	(d) Description of transaction	(e) Shari organiza revenu	ation's
				Yes	No
COMPETITIVE BUSINESS FORMS	ENTITY MORE THAN	35 134,074	1. INDEPENDENT		<u>X</u>
				\longrightarrow	
				 	
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Part V Supplemental Information	<u> </u>			<u> </u>	
<u> </u>	anno to guartiana an Sahadula I.	(cao inatriotions)			
Provide additional information for response	onses to questions on schedule L	see instructions)			——
SCH_L, PART IV, BUSINESS TI	RANSACTIONS INVOL	ING INTERES	TED PERSONS:		
2011 27 112(1 117 200111202 11				-	
(A) NAME OF PERSON: COMPET	ITIVE BUSINESS FOR	RMS			
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON A	AND ORGANIZA	rion:		
ENTITY MORE THAN 35% OWNED	BY A FAMILY MEMBI	ER OF JEFF F	<u>ARKAS, TREASU</u>	RER	
(D) DESCRIPTION OF TRANSACT	FION: INDEPENDENT	CONTRACTOR			
		- ,			
					
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

COMMUNITY HOUSING IMPROVEMENT PROGRAM, INC

Employer identification number 13-2617766

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INVOLVING SUCH DIVERSE ISSUES AS LEAD PAINT, PROPERTY TAXES AND RENT
REGULATION.
FORM 990, PART VI, SECTION A, LINE 2:
MICHAEL KERR, DIRECTOR AND ZACHERY KERR, TREASURER HAVE A FAMILY
RELATIONSHIP. RUBIN PIKUS, DIRECTOR HAS A FAMILY RELATIONSHIP WITH BOTH
JEFFREY KATZ, DIRECTOR AND CHARLES HIRSCH, DIRECTOR. BARRY FISHMAN, VICE
PRESIDENT AND NATHAN FISHMAN, DIRECTOR HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS AS IT IS A SECTION 501(C)(6) ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO ELECT THE MEMBERS OF
THE GOVERNING BODY AND TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING
BODY.
FORM 990, PART VI, SECTION A, LINE 8A:
THE ORGANIZATION DOES NOT CONTEMPORANEOUSLY DOCUMENT THE GOVERNING BODY'S
MEETINGS OR WRITTEN ACTIONS.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT CONTEMPORANEOUSLY DOCUMENT THE GOVERNING BODY'S
MEETINGS OR WRITTEN ACTIONS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 9	990-EZ) (2017)		Page
Name of the organization	COMMUNITY HOUS PROGRAM, INC	ING IMPROVEMENT	Employer identification number 13-2617766
EODM 000 DAR	T VI, SECTION B	I TNP 11P.	•
FURM 990, PAR.	I VI, SECTION B	, DINE 11B.	
THE EXECUTIVE	DIRECTOR REVIEW	WS THE FORM 990 BEFORE	THE FORM IS FILED.
FORM 990, PAR	T VI, SECTION B	, LINE 15A:	
THE EXECUTIVE	DIRECTOR'S COM	PENSATION IS DETERMINED	D BY REVIEW AND APPROVAL
OF THE ORGANI	ZATION'S PRESIDI	ENT, VICE CHAIRMEN AND	PAST PRESIDENT.
FORM 990, PAR	T VI, SECTION C	, LINE 19:	
THE ORGANIZAT	ION'S GOVERNING	DOCUMENTS ARE AVAILAB	LE ON REQUEST.
		-	
<u> </u>			
· · · · · · · · · · · · · · · · · · ·			-

732212 09-07-17

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public 2017

OMB No 1545-0047

▶ Attach to Form 990.

Employer identification number 13-2617766

► Go to www.irs.gov/Form990 for instructions and the latest information. COMMUNITY HOUSING IMPROVEMENT INC PROGRAM, Name of the organization

| Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			•		
remain Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990. Part IV. line 34. because it had one or more related tax-exempt	tions. Complete if the organization an	swered "Yes" on Form 990, Par	t IV. line 34, becaus	se it had one or more r	elated tax-exempt

Part is organizations during the tax year	itions. Complete if the organization a	piete ir the organization answered "Yes" on Form 990, Part IV, line 34, because it nad one or more related tax-exempt	, Part IV, line 34, D	ecause it nad one o	ir more related tax-exen	id.	
(a)	(q)	(၁)	(p)	(e)	(a)	(6)	10 P. A.
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	pellotion 3 Izla	(c) (a)
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	No
ASSOC BUILDERS AND OWNERS OF GREATER NY -							
11-1622902, 5 HANOVER SQUARE, SUITE 1605,							
NEW YORK, NY 10004	EDUCATION	NEW YORK	501(C)(6)		N/A		×
NATIONAL ASSOCIATED BUILDERS AND OWNERS -							
27-1162625, 5 HANOVER SQUARE, SUITE 1605,				•		_	
NEW YORK, NY 10004	EDUCATION	NEW YORK	501(C)(6)		N/A		×
				,			
l l							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

, 732161 09-11-17 LHA

Schedule R (Form 990) 2017

INC

PROGRAM, Schedule R (Form 990) 2017

| Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

Page 2

13-2617766

(K)	General or Percentage managing ownership partner?											e related	(i)	512(b)(13) controlled entrty?	Yes No							
9	General or managing partner?	Yes No		-					_			ine or moi	£	Percentage ownership								
ε	Code V-UBI amount in box	K-1 (Form 1065)										, because it had o		Share of Per end-of-year ow assets								
E	Disproportionate allocations?	Yes No										IV, line 34										
(6)	± iz	assets 7						<u> </u>				m 990, Part	€	Share of total income								
<u></u>	Shar	ass									_	es" on Forr	(e)	Type of entity (C corp, S corp, or trust)	<u> </u>	 						
E	Share of total income											swered "Y			5						_	
		4)		+						<u>-</u>	_	nization an	(9	Direct controlling entity								
(e)	Predominant income (related, unrelated, excluded from tax index	ns 512-51										f the orga			1					_		
	Predon (relate	section										omplete ı	<u></u>	Legal domicile (state or foreign	(бапис)							
(p)	Direct controlling entity											ration or Trust. C	(p)	Primary activity								
<u>©</u>	Legal domicile (state or	foreign country)			_							is a Corpoi ig the tax y		Prim								
(9	Primary activity										!	anizations Taxable a poration or trust dunn		Z								
(a)	Name, address, and EIN of related organization											Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN of related organization								

732162 09-11-17

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Party Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

		:		,
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				Ta X
b Gift grant, or capital contribution to related organization(s)				1b X
				1c X
				×
				L
 Loans or loan guarantees by related organization(s) 				
f Dividends from related organization(s)				14 X
				L
h Purchase of assets from related organization(s)				1
i Exchange of assets with related organization(s)				¥
 Lease of facilities, equipment, or other assets to related organization(s) 				×
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			٦ X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			T X
				10 X
				J. 3. 5
p Reimbursement paid to related organization(s) for expenses				-
				1q X
r Other transfer of cash or property to related organization(s)				
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered r	elationships and transaction thresholds	!
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1)				
(4)				
(5)				:
(9)				
732 163 09-11-17	;		Schedule	Schedule R (Form 990) 2017

13-2617766

Page 4

COMMUNITY HOUSING IMPROVEMENT

Schedule R (Form 990) 2017 PROGRAM, INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1	1	, '	ı	<u>ı</u>		-	1	1
(h) (i) (i) (k) (k) Displayor. Code V-UBI General or Percentage amount in box 20 managing ownership Ves No (Form 1065) Yes No								
Perce								
(J) General or managing partner?					<u> </u>			
2.4. -20 -1.00 -1.00 -1.00					<u> </u>		-	_
(i) e V-UB t in bo: m 106t								
Cod amount of Sch (Forr								
Orsproportionate allocations?					-			-
A Bloc Pist C		<u> </u>						-
of year ts								
(g) Share of end-of-year assets								
Φ					_			
(f) Share of total income								
∞ =								
No No No No No No No No No No No No No N								
Are all partners sec. 501(c)(3) orgs?								
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)								
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e								
(c) Legal domicile (state or foreign cxcluded from tax und ccountry) (c) (related, unrelated, unrelated axcluded from tax und sections 512-514)								
(c) egal domic ate or fore country)								
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(b)		!						
(b) Primary activity								
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(a) Name, address, and EIN of entrty c								
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(a) Name, address, and EIN of entity								
(a) Iddress, of entity								
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Schedule R (Form 990) 2017

COMMUNITY HOUSING IMPROVEMENT 13-2617766 Page 5 Schedule R (Form 990) 2017 PROGI Part VIII Supplemental Information. PROGRAM, INC Provide additional information for responses to questions on Schedule R. See instructions

Schedule R (Form 990) 2017